



COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.

Yale 204-RSB

As a Yale named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

THE USE OF 3'-DEOXYTHYMIDIN-2'-ENE (3'-DEOXY-2',3'-DIDEHYDROTHYMIDINE) IN TREATING  
entitled PATIENTS INFECTED WITH RETROVIRUSES  
the specification of which

(check one) ☐ is attached hereto.

☒ was filed on December 17, 1986 as  
Application Serial No. 942,666 and  
was amended on \_\_\_\_\_  
(if applicable)  
was amended through \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Richard S. Barth, Reg. No. 381 28,180 of 600 Third Avenue, New York, New York 10016, my attorney with full power of substitution and revocation.

Send Correspondence To: SPRUNG HORN KRAMER & WOODS 600 Third Avenue New York, New York 10016	Direct Telephone Calls To: Richard S. Barth, Esq. (212) 661-0520
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RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF EIGHTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		